

Vancouver Island
Health Authority

**2011/12 – 2013/14
SERVICE PLAN**

August 2011



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Message from the Board Chair and Accountability Statement



On behalf of the Board of Directors of the Vancouver Island Health Authority (VIHA), I am pleased to submit our 2011/12 – 2013/14 Service Plan. This annual plan provides a program service and delivery update that ties into our broader Five-Year Strategic Plan. Both plans are “living documents” to allow us to be adaptive to the changing needs of our communities while being accountable and transparent to the public. The plans support our continued commitment to provide high quality services that are accessible and sustainable to the region’s residents in a thoughtful, responsive manner.

As the new Board Chair, I am impressed with the hard work and dedication our staff and health care professionals invest in our health care system on a daily basis. I am very pleased with the past year’s progress, including the opening of the new state-of-the-art 500-bed Patient Care Centre at the Royal Jubilee Hospital in Victoria.

In this next year we will build on our successes and continue to move forward to achieve our goals through several exciting projects and initiatives taking shape throughout VIHA:

- Planning for the North Island Hospitals Project continues with the goal of building two new hospitals - one in Campbell River and one in the Comox Valley;
- Partnering with the Capital Regional Hospital District (CRHD) to develop residential care projects;
- Continuing to improve Primary Care services across the region through Integrated Health Networks, Home and Community Care partnerships, local government and community agency partnerships, and Divisions of Family Practice that offer patients more comprehensive services; and
- Planning for high-level mental health services in the Cowichan Valley through the redevelopment of the former Cowichan Lodge as a tertiary psychiatric facility.

Our region, beyond any other in the province, faces a growing, and a dramatically aging, population. Beyond the impact on services, we also face looming staff shortages with an aging workforce. That is why VIHA is planning now to ensure we provide high quality health services to the growing and aging population we serve on Vancouver Island. In the past year, our system-wide initiatives have led improvements in infection prevention and control, staff safety, care delivery model redesign, and strategies for reducing the number of Alternate Level of Care patients in our hospitals (meaning the patient does not require the level of care they are in but cannot be discharged to a less intensive facility or their home). Our continued focus on quality improvement ensures all areas of our health system work together to provide patients with the care they need.

The 2011/12 – 2013/14 Service Plan was prepared under the Board’s direction in accordance with the *Health Authorities Act* and the BC Reporting Principles. The Plan is consistent with Government’s strategic priorities and Strategic Plan, and the Ministry of Health’s goals, objectives and strategies. All significant assumptions, policy decisions, and identified risks were considered in preparing this Plan. The Board has asked management to assume no further additional revenue from the province in the 2011/12 fiscal year in the development of our Service Plan. The Board is accountable for the contents of the Plan.

Achieving better health outcomes for all VIHA residents is the priority for our Board. We will continue to seek innovative solutions to provide sustainable and accessible quality healthcare to the region.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Don Hubbard', with a stylized flourish at the end.

Don Hubbard
VIHA Board Chair
August 26, 2011

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Organizational Overview

The Vancouver Island Health Authority (VIHA) is one of five regional health authorities established by the province of British Columbia under the *Health Authorities Act 2001*. VIHA provides health services to over 760,000 people across a widely varied geographic area of approximately 56,000 square kilometres. This area includes Vancouver Island, the Gulf and Discovery Islands and part of the mainland opposite northern Vancouver Island. An important part of our mandate is to serve the many remote and isolated communities in our region accessible only by water or air.

Population We Serve

VIHA's population represents approximately 17% of the entire population of British Columbia (BC). Approximately half our population lives in the Greater Victoria and Gulf Islands area. By 2015, our population is projected to grow by almost 6%, or approximately 43,000 people. The most significant growth is expected in Sooke, Qualicum, Nanaimo, Courtenay and the Gulf Islands. Not only is our population growing, but it is aging as well. Currently, almost 19% of our population is over the age of 64 (compared to 15% for BC) and this age group is expected to more than double over the next 25 years¹.

Services We Provide

We provide a full range of dynamic and progressive health programs and services: public and environmental health, maternal and family health, home care and supports, primary health care, residential care, hospital care, mental health and substance use services, rehabilitation, and end-of-life care. We are able to meet virtually all health needs of people who live on Vancouver Island; only rarely must people seek services outside of VIHA for highly specialized needs.

VIHA has...

- ~1,700 physicians
- ~18,000 staff
- Over 150 facilities
- ~1,500 acute care & rehab beds
- Over 6,300 residential care beds & assisted living units

Governance and Leadership

A nine-member, government-appointed Board of Directors (the Board) governs VIHA. The Board's primary responsibility is to foster the Health Authority's short and long-term success, consistent with the Board's responsibility to the Government and the stakeholders the Health Authority serves. More information on the role of the Board is available at http://www.viha.ca/about_viha/board_of_directors/.

Working with the Board, and headed by our President and Chief Executive Officer (CEO), the Executive team provide leadership in planning, delivering and evaluating health services in VIHA in collaboration with government. They are responsible for meeting the health needs of the population in an effective and sustainable manner. Under their leadership, we have an Integrated Health Services Model with five clinical portfolios, each co-led by an Executive Medical Director and an Executive Director who have joint responsibility for the delivery of programs and services. These services are supported by a number of corporate services such as quality and patient safety, capital, finance, planning and human resources (See http://www.viha.ca/about_viha/organization).

¹ PEOPLE 34 Population Data, BC STATS

Strategic Context

The health system in BC is a complex network of skilled professionals, organizations and groups that work together to provide value for patients, the public and taxpayers. The key challenge facing the health system is to deliver a high performing sustainable health system (from prevention to end-of-life care) in the context of significant growth in demand.

Although the BC health system effectively meets the majority of the population's health needs, it continues to be challenged by an increasing demand for health services. The most significant drivers of demand are the aging population; a rising burden of illness from chronic diseases, mental illness and cancer; and advances in technology and pharmaceuticals driving new costly procedures and treatments. The pressure is compounded by the need for new care delivery models by health professionals and health care workers, and the need to maintain and improve the health system's physical infrastructure (i.e. buildings and equipment). In the current economic climate it is even more important for the health system to find new and creative ways to ensure the resources available for health care services are used effectively and in ways that most benefit the people of BC.

BC also faces a challenge in ensuring that all parts of society and all populations can access health services and enjoy good health. While the health status of Aboriginal people has improved significantly in several respects over the past few decades, the Aboriginal population in BC continues to experience poorer health and a disproportionate rate of chronic diseases and injuries compared to other BC residents. Government is working with First Nations, Metis and other partners to improve Aboriginal people's health and to close this gap in health status.

The Aging Population

BC's senior population currently makes up 15% of the total population and is expected to double within the next 20 years, making it one of the fastest growing seniors populations in Canada.² The proportion within VIHA's catchment area is higher than the provincial average at just over 18%. Roughly 3% of our region's population is over the age of 84 and the number of people in this age cohort is growing, especially in the Nanaimo, Parksville/ Qualicum, and Courtenay areas³. The aging population is a significant driver of demand because the need for health services rises dramatically with age. In 2006/07 people over age 65 made up 14% of the BC population, but used 33% of physician services, 48% of acute care services, 49% of PharmaCare expenditures, 74% of home and community care services and 93% of residential care services.⁴ There is also an increasing need to provide appropriate care for those with frailty or dementia and to help seniors stay healthy, independent and in the community for as long as possible.

A Rising Burden of Chronic Disease

Chronic diseases are prolonged conditions such as diabetes, depression, hypertension, congestive heart failure, chronic obstructive pulmonary disease, arthritis and asthma. People with chronic conditions represent approximately 37% of the BC population and consume approximately 80% of the

² PEOPLE 35 Population Data, BC STATS

³ PEOPLE 34 Population Data, BC STATS

⁴ Health System Planning Division, Ministry of Health; using MSP Expenditures 2006/07; Acute Care: Inpatient and Day Surgery workload weighted cases, DAD 2006/07; HCC community services by age group 2005/06, summed based on average unit costs; Residential care days 2006/07.

combined physician payment, PharmaCare and acute (hospital) care budgets.⁵ Chronic diseases are more common in older populations and it is projected that the prevalence of chronic conditions could increase 58% over the next 25 years⁶, becoming an even more significant driver of demand for health services. Chronic diseases can be prevented or delayed by addressing key risk factors, including physical inactivity, unhealthy eating, obesity, alcohol consumption and tobacco use.

Advances in Technology and Pharmaceuticals

New treatment and technology development over the past 10 years has included less invasive surgery, increased use of diagnostic imaging and the introduction of drug therapies that have made health care more efficient and effective. However, it has also led to a significant increase in demand for products and services. For example, the expansion of technology has seen the provincial number of CT exams increase by approximately 90% and the number of MRI exams by almost 170% since 2001.⁷ In addition, the provincial number of hip replacements has increased by 71% and the number of knee replacements by 125% over the past decade.⁸

Human Resources and Health System Infrastructure

Although attrition rates have decreased recently, looming retirements in the health workforce combined with the rising demand for services are still key challenges that will impact the Province's ability to maintain an adequate supply and mix of health professionals and workers. It is still important to plan and ensure that the health system has the required number of qualified healthcare providers entering the workforce. However, there is also need to continue focusing on redesigning care delivery models so that the skill sets of health care professionals are optimized and multidisciplinary teams supported. Healthy, supportive workplaces that enhance work and promote education will attract and retain the workforce we need to provide high quality services.

Another challenge in delivering health services is the need to maintain and improve the health system's physical infrastructure. The average age of VIHA facilities across the island is approximately 30 years. Substantial improvements occurred within our region during the past year with the opening the new Patient Care Centre at Royal Jubilee Hospital, the expansion of the Cowichan District Hospital pharmacy, and renovations to Tofino General Hospital which improved patient care and the staff working environment. However, other acute and residential care facilities, as well as medical and information technologies, will require significant investment over the next number of years.

The health system is faced with the continuous need to update or expand health facilities, medical equipment and information technology to ensure it provides high quality and safe health care to British Columbians.

⁵ Discharge Abstract Database (DAD), Medical Service Plan (MSP) and PharmaCare Data 2006/07

⁶ BC Ministry of Health, Medical Services Division, *Chronic Disease Projection Analysis*, march 2007, (2007-064); as cited in *Primary Health Care Charter: a collaborative approach* (2007), Ministry of Health

⁷ HAMIS/OASIS, Management Information Branch, HSPD, Ministry of Health as of October 12, 2010

⁸ Discharge Abstract Database, October 2010, Management Information Branch, HSPD, Ministry of Health

Goals, Objectives, Strategies and Performance Measures

Goal 1: Effective health promotion, prevention and self-management to improve the health and wellness of British Columbians.

Objective 1.1: Continued Promotion of Healthy Living and Disease Prevention Initiatives to All Residents

VIHA's focus on improving the health and wellness of our population includes delivering prevention, protection and environmental programs that align with the Ministry of Health's Public Health Core Programs. These programs include food safety, clean air and water, infection control and communicable disease prevention. Initiatives focus on promoting healthy lifestyles and targeting high-risk situations and behaviours, particularly in groups with lower health status. We support people of all ages to take responsibility for their own health and develop strong partnerships with other sectors to influence all the factors that affect health status such as housing, employment and education.



Strategies

- Implement a review of Population and Public Health Programs to work with physicians, primary care providers, community partners and others to advance the health of women and children through comprehensive and effective programs and services.
- Support the Ministry of Health (MOH) in the implementation of the new Public Health Information System (Panorama) to support the delivery and integration of services, research and surveillance activities.

Objective 1.2: Improved Health of High Needs Populations

Most people who live in our service area enjoy relatively good health. However, significant differences exist in the health status of people in different regions of our Health Authority as well as among different populations. In general, people living in rural and remote areas on the west coast and northern areas of the island are more likely to experience poorer health. We have identified priority populations where there is a clear need for better health and where we are able to make improvements: children and youth, rural and remote residents, Aboriginal people, people with chronic diseases, and homeless/hard to serve populations. We will strive to improve the health of these populations through community partnerships.

Strategies

- Collaborate with existing Community Health Networks (CHN) in Mt Waddington and the Cowichan Valley and develop a new CHN in Port Alberni. CHNs are comprised of the key stakeholders including schools, businesses and municipalities, with whom we collaborate to strengthen healthy living opportunities.
- Partner with municipalities and schools to focus on healthy eating, physical activity, reduced salt consumption, tobacco reduction and responsible alcohol use in order to reduce childhood obesity and the prevalence of chronic disease.
- Update and implement our Aboriginal Health Plan in accordance with the Tripartite First Nations Health Plan; this Plan will include improved cultural safety training and continued partnership with the aboriginal health council to improve health and wellness of Aboriginal people in VIHA.
- Develop an innovative integrated primary and community services facility in Oceanside.
- Work with partners to implement Family Place in Parksville which will provide one location for shared family health services to support the development and growth of children and families.

Objective 1.3 Service Excellence for Seniors

Vancouver Island has a higher proportion of elderly residents than British Columbia and Canada as a whole. Over the long term, we have an opportunity to become a leader in seniors care by focusing on excellence and sustainability through research partnerships, development, and the application of best practices and education and training. It is also essential that we apply a seniors-centred lens to all our health service planning, implementation, and operational efforts. We are committed to work with seniors to ensure their views are appropriately incorporated in our service planning. We will continue to build elder-friendly facilities and services, and develop campuses of care that allow seniors to comfortably age in place as their needs change. Practical tools for analyzing policies, guidelines, education, and/or programs with a seniors focus will be developed to ensure that they support service excellence.



Strategies

- Protect and promote seniors' health and independence through implementation of VIHA Seniors Excellence Strategy. This strategy provides an overarching conceptual framework to integrate and strengthen senior-centric work across VIHA by enhancing and simplifying access to the appropriate services at the appropriate time, across the care continuum.

Performance Measure 1: Healthy Communities

Performance Measure	2010/11 Baseline	2011/12 Target	2012/13 Target	2013/14 Target
% of communities that have completed healthy living strategic plans	0	14%	24%	30%

Data Source: Population and Public Health Division, Ministry of Health.

Discussion

This performance measure focuses on the number of communities in the VIHA area that have developed healthy living strategic plans for 2011 and beyond. Community efforts to support healthy living through planning, policy, constructed environments and other mechanisms are critical to decreasing the number of British Columbians who develop chronic diseases. VIHA supports local governments and other community stakeholders to develop comprehensive strategies to address healthy living at the community level.

Performance Measure 2: Health of Aboriginal Children

Performance Measure	2009/10 Baseline	2011/12 Target	2012/13 Target	2013/14 Target
% of Aboriginal Kindergarten children receiving vision screening	88%	89%	90%	91%

Data Source: Population and Public Health Division, Ministry of Health.

Discussion

This performance measure supports Aboriginal children's access to vision screening. Vision deficits such as amblyopia (lazy eye), strabismus (crossed eyes), and refractive errors (nearsightedness and farsightedness) are common problems in the preschool and school age population. Early detection and treatment of these deficits, particularly in children of vulnerable families, will lessen the possibility of any damaging long-term effects and may have a direct impact on each child's opportunity for academic success and learning potential.

Goal 2: British Columbians have the majority of their health needs met by high quality primary and community based health care and support services.

Objective 2.1: Integrated Systems of Primary and Community Care

We will continue to improve integration of acute care, primary care, home and community care, and community mental health and substance use services throughout the Health Authority. Our aim is for patients/clients to effortlessly navigate through our health system as their need for services change. Linkages and integration within local communities and between service providers are critical to ensure success in this area. We recognize that to improve access, patient flow and to reduce wait times, we need a system-wide response that focuses on the client or patient as

well as improvements in the way we deliver services. Improving patient flow requires providing the best care possible using available capacity and resources effectively, and putting processes and strategies in place to address barriers to patient movement through the system.



Strategies

- Support the implementation of Collaborative Services Committees, Divisions of Family Practice and Integrated Health Networks throughout our communities to promote integrated health care teams, networks of health care providers, and access to family physicians. This collaboration will provide a more integrated, patient-centred experience, reduce urgent care in emergency departments and hospitals, and support the role of patients in staying healthy and managing their conditions.
- Implement the MOH Care Management Strategy in alignment with the VIHA Seniors Excellence Strategy including: care plans, medical management, advanced care planning and end-of-life care.
- Introduce and enhance innovative housing and support services across the continuum to better serve persons with dementia and their caretakers.
- Begin to implement *Healthy Minds, Healthy People: A Ten Year Plan to Address Mental Health and Substance Abuse* to ensure an alignment with the Plan's focus on prevention, early intervention, appropriate treatment, sustainability and the development of new tertiary mental health beds at the Cowichan Lodge site.
- Continue to implement a secure, integrated, electronic health record across the health sector. Implementation will focus on ambulatory/primary health care to enhance sustainability and effectiveness of health service delivery. This will allow physicians and health professionals to easily access patient information such as test results and medication histories.

- Develop a plan to spread learning outcomes from the seniors patient flow work in Nanaimo throughout the Health Authority to improve the flow of patients through the system and ensure that patients are discharged at the appropriate time to appropriate settings.

Performance Measure 3: Managing Chronic Disease in the Community

Performance Measure	2009/10 Baseline	2011/12 Target	2012/13 Target	2013/14 Target
Number of people with a chronic disease admitted to hospital (per 100,000 people aged less than 75 years)	222	221	219	214

Data Source: Discharge Abstract Database, Management Information Branch, Planning and Innovation Division, Ministry of Health.

Note: Baseline and target numbers are age-standardized and based on the Canadian Institute for Health Information definition for 2010.

Discussion

This performance measure tracks the number of people in our communities with select chronic conditions, such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes, who are admitted to hospital. People with chronic conditions need the expertise and support of family physicians and other health care providers to manage their disease in order to maintain their functioning and reduce complications. The number of people admitted to hospital with a chronic disease may indicate an increase in the prevalence of these conditions. However, proactive disease management reduces hospitalizations, emergency department visits, some surgeries and repeated diagnostic testing, all of which help to control the costs of health care. As part of a larger initiative of strengthening community-based health care and support services, VIHA is working with family physicians and other health care professionals to provide more care in the community and at home to reduce hospital admissions for chronic disease.

Performance Measure 4: Home Health Care and Supports for Seniors

Performance Measure	2009/10 Baseline	2011/12 Target	2012/13 Target	2013/14 Target
% of people aged 75+ receiving home health care	16.8%	17.0%	17.2%	17.4%

Data Source: 1. P.E.O.P.L.E. 35, population estimates, BC Stats. 2. Continuing Care Data Warehouse, Management Information Branch, Planning and Innovation Division, Ministry of Health. A small amount of baseline data is currently unavailable due to the transition to new reporting mechanisms. 3. Home and Community Care Minimum Reporting Requirements (HCCMRR) Data Warehouse, Management Information Branch, Planning and Innovation Division, Ministry of Health.

Discussion

This performance measure tracks the percent of seniors (aged 75+) who receive home care (home nursing and rehabilitative care, clinical social work, light housekeeping, assisted living and adult day programs). While the majority of seniors we serve experience healthy aging at home, the need for

community options to support those who can no longer live independently continues to grow. This support helps people manage chronic conditions and frailty, and may prevent falls or other incidents that can result in hospital care or require a move to a residential care setting. VIHA is expanding home health care services to ensure that high-risk seniors are made a priority. This focus, combined with the use of technology (e.g. Telehealth program) can significantly improve health outcomes for seniors.

Goal 3: British Columbians have access to high quality hospital services when needed.

Objective 3.1: High Quality and Safe Services

We will continue to plan and deliver health services with an increased focus on improving access, sustainability, quality and safety. While patient and client safety is part of everything we do our aim is



to ensure clients receive the right care and service, in the right setting, by the right provider, at the right time. Improving the quality of our services and keeping patients safe are vital in all areas of health service delivery. Strategic focus on actions that change the way we provide services, improve pre-hospital emergency care services, and use paramedic skills more effectively will also help create a more sustainable health care system that will continue to meet the needs of patients, clients and families.

Strategies

- Improve pre-hospital emergency care services and the use of paramedic skills in health service delivery in partnership with BC Ambulance Service (BCAS).
 - Continued implementation of patient streaming at Royal Jubilee Hospital (RJH) and Victoria General Hospital (VGH) to build on success at Nanaimo Regional General Hospital (NRGH).
 - Explore opportunities for BCAS personnel to increase scope of care provided in rural communities in Cormorant Island and Tofino.
- Participation in the implementation of a provincially standardized set of clinical guidelines and standards for these specific focus areas: stroke, congestive heart failure, surgical checklist, surgical site infection, sepsis, venous thrombo-embolism, medication reconciliation, ventilated-assisted pneumonia and hand hygiene.
- Implement patient-focused funding to provide the appropriate incentives to encourage increased access, efficiency, clinical and service excellence for procedural care, emergency departments and community initiatives.
 - Provide increased surgical procedures, medical procedures and MRIs based on agreements with MOH.
 - Improve patient flow for admitted and non-admitted ED patients at VGH, RJH and NRGH.
 - Implement Ministry directions for patient-focused funding in community initiatives.
- Increase capacity for medical imaging to provide efficient access to MRI and CT scans, to meet rising need and to ensure that wait times for these services are within mandated limits.
- Increase outpatient capacity for elective surgeries:

- Continue to review and optimize the number of surgical cases that can be safely performed as day surgery.
- Continue to improve operating room scheduling for RJH, VGH and NRGH using optimization techniques to make the most effective use of operating room time.
- Conduct a planning and community engagement process to improve health and health care services in Alberni-Clayoquot.
- Reduce hospital/facility-acquired infection rates by continuing to plan and implement our Infection Prevention and Control strategies, including hand hygiene audits and introducing antibiotic use guidelines at additional sites.

Performance Measure 5: Access to Surgery

Performance Measure	2010/11 Baseline	2011/12 Target	2012/13 Target	2013/14 Target
Surgical wait time for high demand non-emergency surgical procedures (in weeks)	20	18	16	15

Data Source: Surgical Wait Times Production (SWTP), Management Information Branch, Planning and Innovation Division, Ministry of Health.

1. High-demand surgeries are defined as the top 20 procedures in BC that have the most cases waiting for surgery at a given point in time.
2. The total wait time is the difference between the date the booking form is received at the hospital and the report date (end of the month). The day the booking form is received at the hospital is NOT counted.
3. This measure uses adjusted wait times that are calculated by excluding periods when the patient is unavailable from the total wait time.
4. The top 20 surgical procedures and baseline for 2010/11 were determined as of November 30, 2010.

Discussion

This performance measure will track the average wait time for 20 surgeries with the largest number of people waiting. These surgeries include hernia repair, hysterectomy and sinus surgery, along with cataract extractions and knee and hip replacements. In the last several years, the BC health care system has reduced wait times for cataract, hip and knee replacement, hip fracture and cardiac surgeries. Expanded surgical activity and patient-focused funding combined with continuous efforts to foster innovation and efficiency in VIHA hospitals, will improve timely access to a range of surgical procedures.

Performance Measure 6: Access to Hospital Bed from Emergency

Performance Measure	2009/10 Baseline	2011/12 Target	2012/13 Target	2013/14 Target
Percent of emergency department patients waiting less than 10 hours for admission to hospital	69%	70%	80%	90%

Data Source: Discharge Abstract Database, Management Information Branch, Planning and Innovation Division, Ministry of Health.

Discussion

This measure tracks the proportion of patients who wait in an emergency department less than 10 hours before they are moved to a hospital bed after the decision to admit has been made.

Approximately 89% of patients who use an emergency department in B.C. receive treatment and then are discharged home. The remaining 11% of emergency department patients are those with more severe conditions, and need to be admitted to hospital. The length of time they wait in the emergency department before moving to an inpatient unit depends on the availability of a bed. We are taking steps to manage hospital occupancy in order to ensure that patients admitted through the emergency department have access to a hospital bed as quickly as possible.

Goal 4: Improved innovation, productivity and efficiency in the delivery of health services.

Objective 4.1: A Leading Organization with a Healthy Workforce; Safe, Healthy, and Engaged Workforce; and Continuous Learning

The VIHA People Plan (http://www.viha.ca/about_viha/news/publications/peopleplan.htm) outlines VIHA's strategic human resources initiatives and supports VIHA's highest priority – our people. It



addresses how the right people will be in place where and when they need to be, and how we optimize the use of our existing skilled workforce. The plan is based on three core transformational strategies: redesigning our care delivery models, improved employee health, and implementing better workforce planning tools. We will continue to implement the strategies outlined in our People Plan and engage our workforce to create a leading organization. We will also participate in the development of the provincial physician human resources plan and ensure alignment of VIHA's Physician Services Plan.

Strategies

- Reduce the rate of staff injuries by collaborating with Work Safe BC and all Health Authorities in the four initiatives identified in "Towards Healthy and Safe Workplaces":
 - Work toward standardization with Provincial Reporting and Data Management.
 - Provincial Workplace Health Call Centre.
 - Lead the Provincial Residential Care Musculoskeletal Injury Prevention.
 - Provincial Violence Prevention Program Rollout.
- Continue to plan and implement system-wide initiatives to:
 - Redesign our care delivery models to better meet the needs of the patient/client population and optimize the use of our existing skilled workforce, allowing more time for direct care, assessment and teaching.
 - Improve staff and physician safety in the workplace, including development of respectful team workplaces, violence prevention and leadership and education to promote awareness of and adherence to safe practices in order to reduce injury.
- Enhance leadership skills by participating in Provincial Health Authority Leadership Development Collaborative to implement the 3-year Leadership Development Strategy.
- Maintain a focus on and evaluate strategic recruitment and retention including the potential for expanding and enhancing flexible work arrangements.
- Promote a continuous learning culture and work with MOH and our education partners to ensure our staff have the skills and competencies to provide safe, high quality care, and are able to adapt to the evolving health system and changing population health needs.

Performance Measure 7: Nursing Overtime

Performance Measure	2010 Baseline	2011 Target	2012 Target	2013 Target
Nursing overtime hours as a percent of productive nursing hours	3.5%	3.3%	3.1%	3.0%

Data Source: Based on calendar year. Health Sector Compensation Information System (HSCIS). Health Employers Association of British Columbia (HEABC).

Discussion

This performance measure compares the amount of overtime worked by nurses to the overall amount of time nurses work. Overtime is a key indicator that is used in assessing the overall health of a workplace. High rates of overtime may reflect inadequate staffing, high levels of absenteeism, or fluctuating workload. Reducing overtime helps promote both patient and caregiver safety.

Objective 4.2: Strategic Transformation to Ensure Sustainability

We continue to improve our annual planning and budgeting processes to achieve our goals in a cost-efficient manner and maintain a balanced budget. We will continually evaluate and develop new and better ways to provide our services and use new technologies to support a higher quality of care for our patients, residents and clients. We have re-allocated existing staff resources to create a new Strategic Process Improvement area in VIHA which will focus on service improvements (e.g., reducing waste and creating more efficient services) and creating more effective processes and solutions to address key challenges facing the organization.

Strategies

- Achieve administrative cost savings through shared services organization and consolidation:
 - Participate in the shared services organization to achieve cost efficiencies.
 - Achieve a balanced budget through administrative efficiencies, increased revenues and reconfigured services.
- Implement Lean management principles as a common approach to process improvements:
 - Continued roll-out of Lean education and training by providing classroom and on-line curriculum and establishment of an internal website.
 - Apply Lean methodology to advance and support our four system-wide initiatives and to improve key processes of core programs and services.
- Develop a system wide integration strategy for assessment and care planning across the care continuum in collaboration with the electronic health record.
- Continue to implement the learning from the Care Delivery Model Redesign Collaborative Change Management Strategy to better meet the needs of the patient/client population and optimize the use of our existing skilled workforce, allowing more time for direct care, assessment care planning and patient teaching.
- Deliver high performance governance, leadership and management skills:

- Sustain an annual planning cycle that includes several management and leadership forums ensuring that leaders at all levels are kept informed about organization-wide strategies and activities;
- Continue our focus on the four system-wide initiatives that align staff across the organization towards transforming, sustaining and continually improving quality of care and care delivery, and by addressing the barriers, risks and challenges faced in these areas;
- Work with MOH to develop plans to reduce green house gas emissions and continue to develop effective environmental management systems.

Objective 4.3: Improved Stakeholder Engagement

Effective, timely and targeted engagement practices contribute to transparent and accountable decision making, the identification of better solutions to complex problems, and better and broader insight into existing challenges. We are committed to ensuring that those most impacted by potential decisions have the opportunity to learn about the issues, provide input and feedback, contribute to options for consideration, and understand the rationale and basis for specific decisions. Our engagement principles and activities apply to our external partners and stakeholders, and our internal staff, physicians and volunteers.

Strategies

- Continue to implement an extensive engagement plan for the system-wide initiatives to ensure support from all levels of the Health Authority, from leadership to the frontline and support staff; and
- Continued external engagement through Mt Waddington Health Network, Cowichan communities, Alberni/Clayoquot, and through the RJH Master Campus Plan process.

Financial Summary

(\$ millions)	2010/11 Actual	2011/12 Budget	2012/13 Plan	2013/14 Plan
Operating Summary				
Provincial government sources	1,740.1	1,790.2	1,858.6	1,914.0
Non-provincial government sources	124.3	111.8	111.5	111.5
Total Revenue:	1,864.4	1,902.0	1,970.1	2,025.5
Acute Care	971.9	989.9	1,022.1	1,051.2
HCC – Residential	334.6	353.8	366.4	376.6
HCC – Community	194.9	206.0	213.4	219.4
Mental Health & Substance Use	108.7	111.1	127.3	130.9
Population Health & Wellness	58.0	60.2	62.3	64.1
Corporate	185.5	181.0	178.6	183.3
Total Expenditures:	1,853.6	1,902.0	1,970.1	2,025.5
Surplus (Deficit)	10.8	-	-	-
Capital Summary				
Funded by Provincial Government	110.4	55.7	26.4	12.3
Funded by Foundations, Regional Hospital Districts, and other non-government sources	49.8	88.6	36.4	21.0
Total Capital Spending	160.2	144.3	62.8	33.3

Capital Project Summary

Capital investment ensures health infrastructure is maintained and expanded to meet a growing population with increasing needs for health services. Capital assets such as buildings, information systems and equipment are key components of health care delivery and must be acquired and managed in the most effective and efficient manner possible. Funding for these assets is primarily provided through the Provincial government and through partnerships with Regional Hospital Districts, Hospital Foundations and Auxiliaries.

Recognizing the significant cost and lifespan of most capital investments — both in acquisition and use — the Ministry of Health and health authorities prepare three year capital plans annually, aligned with other health sector planning.

VIHA bases the development of its Capital and Information Management/Information Technology (IM/IT) Plans on the following principles:

- Capital investments must support the strategic direction of the organization;
- Investments must be backed by a rigorous examination of service delivery options and a thorough business case analysis;
- Our use of existing infrastructure must be maximized and non-capital alternatives must be explored before new investment; and
- Our spending on capital assets must be managed within fiscal limits.

The following list is VIHA's approved capital projects over \$2 million currently underway:

Community Name	Facility location	Project Name	Total Project Cost (\$ million)
Facility Projects			
Nanaimo	Nanaimo Regional General Hospital	Emergency Department/ Psychiatric Emergency Service/Psychiatric Intensive Care Expansion	36.850
Nanaimo	Nanaimo Regional General Hospital	Renal Dialysis – Phase II	9.400
Nanaimo	Nanaimo Regional General Hospital	Island Medical Program	2.083
Cumberland	Cumberland Health Centre	Renal Dialysis Expansion	2.260
Cowichan Valley	Cowichan Lodge	Riverview Redevelopment Upgrades	9.000
Victoria	Royal Jubilee Hospital	Patient Care Centre (P3 & Traditional)*	348.535
Victoria	Seven Oaks	Riverview Redevelopment Upgrades	2.000
Victoria	Saanich Peninsula Hospital	Operating Room and Electrical System Redevelopment	9.936
IM/IT Projects			
Ambulatory Clinical Systems Foundation			3.390
Business Systems Foundation			6.706
Clinical Documentation, Communication and Care Planning			10.842
TeleHealth			2.516

*Includes demolition of outdated buildings.

Contact Information

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Fax: 250-370-8137

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CHIEF MEDICAL HEALTH OFFICER

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Fax: 250.519.3441

VIHA BOARD OF DIRECTORS

Board Liaison:

Janet Shute - Email: janet.shute@viha.ca

Hyperlinks to Additional Information

VANCOUVER ISLAND HEALTH AUTHORITY

HOME PAGE www.viha.ca

FINDING CARE http://www.viha.ca/finding_care/

HEALTH INFORMATION http://www.viha.ca/health_info/

FIVE-YEAR STRATEGIC PLAN http://www.viha.ca/about_viha/strategic_plan/

BOARD OF DIRECTORS http://www.viha.ca/about_viha/board_of_directors/

ORGANIZATIONAL CHARTS http://www.viha.ca/about_viha/organization/

PERFORMANCE MEASURES

http://www.viha.ca/about_viha/accountability/goals_and_performance_measures/

NEWSLETTERS AND CEO UPDATE http://www.viha.ca/about_viha/news/newsletters/

DEPARTMENTS AND SERVICES http://www.viha.ca/about_viha/departments_and_services/

OTHER CONTACTS

HEALTHLINK BC <http://www.healthlinkbc.ca/kbaltindex.asp> or dial 8-1-1 to look up non-emergency health information and find publicly funded health services near you.

COLLEGE OF PHYSICIANS AND SURGEONS to find a physician <https://www.cpsbc.ca/>

BC MINISTRY OF HEALTH <http://www.gov.bc.ca/health/index.html>

BC HEALTH AND SENIORS INFORMATION LINE 1-800-465-4911

MEDICAL SERVICES PLAN OF BC 1-800-663-7100

PHARMACARE 1-800-663-7100

OTHER HEALTH AUTHORITIES

FRASER HEALTH AUTHORITY www.fraserhealth.ca

INTERIOR HEALTH AUTHORITY www.interiorhealth.ca

NORTHERN HEALTH AUTHORITY www.northernhealth.ca

PROVINCIAL HEALTH SERVICES AUTHORITY www.phsa.ca

VANCOUVER COASTAL HEALTH AUTHORITY www.vch.ca